

***FARJAMI & FARJAMI LLP***
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SEP 20 200426522 La Alameda Avenue, Suite 360
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tel: (949) 282-1000
fax: (949) 282-1002**FACSIMILE TRANSMISSION COVER SHEET**

Date: September 20, 2004

To: United States Patent and Trademark Office
Examiner: Ori Nadav; Art Unit: 2811

Fax: (703) 872-9306

Re: **Application Serial No.: 09/754,806**
Filing Date: 1/2/2001; First Named Inventor: Q. Z. Liu
Attorney Docket No.: 00CON122P-DIV1

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 16**Message:**

Enclosed please find the Amendment and Response Final Office Action dated July 8, 2004.

Thank you.

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Attorney Docket No.: 00CON122P-DIV1

AMENDMENT COVER SHEETIN RE APPLICATION OF: Liu, et al.SERIAL NO.: 09/754,806 FILED: January 2, 2001FOR: On-Chip Inductors

Mail Stop AF
HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

| | RATE Non-Small Entity | RATE Small-Entity | FEE |
|------------------------------------|--------------------------|----------------------|-----|
| FIRST MONTH AFTER TIME PERIOD SET | 110.00 | 55.00 | \$ |
| SECOND MONTH AFTER TIME PERIOD SET | 420.00 | 210.00 | \$ |
| THIRD MONTH AFTER TIME PERIOD SET | 950.00 | 475.00 | \$ |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,480.00 | 740.00 | \$ |

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

| | Column 1 | Column 2 | Column 3 | | | |
|--|--|----------------------------------|---------------------------|-----------------------------|----------------------|-----|
| | Number of Claims after Amendment | Number Previously Paid for | Number of Extra Claims | RATE Non-Small Entity | RATE Small Entity | FEE |
| TOTAL CLAIMS | 24 | MINUS **25 | * = 0 | x 18 | x 9 | \$ |
| INDEPENDENT | 3 | MINUS ***3 | * = 0 | x 86 | x 43 | \$ |
| First presentation of multiple dependent claim | | | | + 290 | + 145 | \$ |

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

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Attorney Docket No.: 00CON122P-DIV1

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 00.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

9/20/04

By:

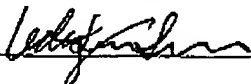

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